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Jean-Christophe Francis Audon

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First Named Inventor

POWER OF ATTORNEY

REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS		First Named Inventor Title		Jean-Christophe Francis Audon ADJUVANT-CONTAINING DNA VACCINES			
						Art Unit	
		Examiner Name		NGUYEN, DAVE TRONG			
		Attorney Docket Number		MER FLH3160			
I hereby revoke all previous powers of attorney given in the above-identified application.							
OR	tomey is submitted herewith. int Practitioner(s) associated with the following						
identified above and Trademan	pplication		33928				
OR I hereby appoint to transact all	nt Practitioner(s) named below as my/our atto business in the United States Patent and Trad	rney(s) or agent(s) t emark Office conne	o prosecute cled therewi	the application ide th:	ntified above, and		
	Practitioner(s) Name			Registration Number			

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Assignee of reci	ord of the entire interest/ See 37 CFR 3.71. r 37 CFR 3.73(b) (Form PTO/SB/96) submitted	d herewith or filed or	n				
	/ SIGNATURE of Applic	ant or Assignee of	Record				
Signature			Date	August 23, 2010			
Name	Judy_Jarectyl-Black,Ph.D.,J.D.		Telepho				
Title and Company							
NOTE: Signatures of all th signature is required, see b	e inventors or assignees of record of the entire inter- elow*,	est or their representat	live(s) are requ	ared. Submit mustiple	forms if more than one		
*Total of	forms are submitted.		***************************************				

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or rutain a benefit by the public which is to file (and by the This collection of information is required by of LPH 1.31, 1.32 and 1.33, in a monation is majure to operation or strain a penetia by in power which is to this paper. We provide the LPF of process an application, Confidentially is governed by \$3.1.85, 1.02 and 37 CFR.1.11 and 1.1.11 This collection is estimated to take a number to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the includinal case. Any comments on the amount of time your requerate to complete this form androit of time vary expending to provide the form androit of time. Purpose the complete the form androit of time of the complete the form androit of time. Purpose the complete the form androit of time. Purpose the complete the form androit of the providence of the complete the form androit of the providence of the complete the form androit of the formation of the information of their informat ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.